

URBAN/MUNICIPAL

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1993-1994



A METAMORPHOSIS IN HEALTH

St. Peter's Hospital 1993-1994 Annual Report to the Community







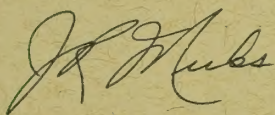
THE extensive changes occurring in health care pose a daunting challenge for hospitals seeking to continue to offer a high quality of care. This is particularly true of chronic care hospitals as the province articulates their new role.

St. Peter's Hospital has chosen to respond creatively to the changes we are facing – to strengthen the services we now provide, and to seek out new opportunities for improving the health of the geriatric population.

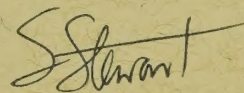
Over the years, St. Peter's has become a leading health care facility for the elderly. Our evolution is continuing. We constantly look for new ways to meet the health needs of seniors within our facility, in the Hamilton-Wentworth area and across the province through our involvement in government health planning initiatives.

For our 1993/94 annual report, we have chosen the theme **"A Metamorphosis in Health,"** and are using the development of the butterfly to symbolize the creative ways St. Peter's is evolving to meet the needs of seniors into the next century.

It begins with a single vision of what our hospital is striving to become. This vision was redefined by our board of directors and staff in 1993/94. Our mission and value statements were updated and a new set of master strategies defined. Together they represent the potential of St. Peter's – the beginning of a new life cycle and a future that is outlined in subsequent pages of this annual report.



Judith Meeks
President



Sandra Stewart
Chair, Board of Directors

IN the past year, St. Peter's has emerged as an institution with an important role to play in determining how health care services can best be provided for the elderly in our society.

We have committed ourselves to the establishment of a Research Department because we believe that geriatric care needs to be nourished and supported by scientific evidence. Staff throughout the hospital are pursuing research-based practices that will result in the best possible care for our patients and clients. Our Professional Services directors have developed a definition of state-of-the-art practice that will allow staff to reach beyond previous norms of clinical practice.

As we strive to expand and deepen our knowledge base, the hospital's reputation is growing as **a national and international leader in geriatrics**. Acknowledgement of this leadership role is seen in the additional numbers of appointments to the Faculty of Health Sciences at McMaster University.

Health care administrators from Europe and Asia have visited the hospital to explore with us the future of geriatric services. Staff have made numerous presentations at North American conferences, sharing our innovations in health care delivery. A list of their achievements is included with



this report.

The Chronic Care Role Study Steering Committee, of which our president was a member, forwarded its new vision of chronic care for Ontario to the Ministry of Health in June, 1993. One of our vice-presidents has been appointed to the Long Term Care Committee of the District Health Council, which will transform long term care in Hamilton-Wentworth.

Excellence in care requires the resources to implement the leading edge care concepts that emerge from such expertise. St. Peter's is **striving to maintain our unique place** in the continuum of care. We have continued to communicate our message to the Ministry of Health about the need for facilities that offer chronic care for seniors. We are concerned that resource levels provided to St. Peter's and other chronic care hospitals be maintained, in order that we may continue to provide a high quality of health care for patients with complex medical conditions.

In particular, the redevelopment of the 80-bed South Wing continues to be a priority. The rebuilding of this facility is essential to the quality of life of those in our Behavioural Health programs.



MUCH activity is happening within St. Peter's, as in the chrysalis stage of the metamorphosis. These internal changes are helping the hospital continue to be a leading health facility for seniors.

The hospital is constantly **looking inward to further improve our delivery of care.** This process of rejuvenation allows us to continue to keep the best interests of patients and clients at the centre of our business.

A year after its implementation, the program management model of service is offering care that's focused to meet the specific health needs of our chronically ill, elderly population. This model is allowing St. Peter's to further develop special expertise for seniors with specific, and often multiple, health problems. This program approach to patient care is beginning to attract widespread interest from other health facilities.

Our efforts to improve feeding practices for the ill elderly population are also receiving widespread recognition. Through the work of a Feeding Task Force, St. Peter's is receiving national recognition for its efforts to reduce the instances of swallowing and choking problems that are so common among the chronically ill, and which can often lead to serious health complications.

St. Peter's last year dealt with difficult financial circumstances. The hospital was facing a funding shortfall of more than \$660,000 for 1993/94 due to the government's Social Contract Act, and found savings without requiring staff to take unpaid days off. This was in large part due to the tremendous efforts of staff in contributing suggestions to a "Balance our Budget" (BOB) campaign.

St. Peter's believes that our staff are our greatest resource, and we value their commitment and initiative. Their efforts to continually strive for excellence will help ensure the hospital remains **at the leading edge of care for seniors.**







St. Peter's is spreading its wings to the community. We are **working to form partnerships** with other organizations to meet common goals.

St. Peter's is an active participant in a process in which hospital-based services in Hamilton are being reviewed and refocused, with the view to further rationalizing programs to improve services and reduce costs. This process, involving all of Hamilton's hospitals, is expected to result in a significant change in the way that many health programs are provided in the community. Chronic care is one of the seven focus areas of the rationalization process.

In the winter of 1994, St. Peter's Hospital teamed up with TV Hamilton Cable 14 to offer a three-part television series entitled, "Insights: Experts Talk About Issues That Matter Most to Seniors." This series attracted widespread interest and helped St. Peter's reach out to seniors with important health information.

In addition, the Hamilton Centre Mall, the Ottawa Street YMCA and St. Peter's have together sponsored the health and fitness efforts of the Centre Mall Walking Club. The Bank of Montreal has sold Christmas cards for St. Peter's in its local bank branches. The Royal Canadian Legion Branch 58 co-sponsored a fund raising event, and Fonorola Inc. is giving the hospital a portion of profits earned for signing up hospital employees and friends with a long-distance telephone savings plan.

These community partnerships are benefitting both St. Peter's and our new friends. Such new approaches to providing health services for seniors are helping the hospital **complete our metamorphosis into an even more vital and dynamic facility.** As St. Peter's readies itself for the challenges of the next century, our development will continue, and the cycle of transformation will begin again.





Auditors' Report to the Board of Directors of St. Peter's Hospital



We have audited the financial statements of St. Peter's Hospital for the year ended March 31, 1994, and have reported thereon to the hospital's Board of Directors under the date of May 16, 1994. The accompanying condensed balance sheet and condensed statement of revenues and expenses-unrestricted funds have been prepared from the aforementioned financial statements.

In our opinion, the accompanying condensed balance sheet and condensed statement of revenues and expenditures – unrestricted funds fairly summarizes the information contained in the aforementioned financial statements.

KPMG Peat Marwick Thorne

Chartered Accountants
Hamilton, Ontario
May 16, 1994



St. Peter's Hospital

Condensed Balance Sheet

as at March 31, 1994

	1993/94	1992/93
Assets		
Current Assets		
Cash	\$448,804	\$ 1,582,775
Accounts receivable and accrued interest	285,702	460,634
Due from Ontario Ministry of Health for funding of costs	1,449,871	1,226,414
Prepaid expenses	61,254	57,547
Inventory of supplies, at cost	149,177	150,205
	<u>2,394,808</u>	<u>3,477,575</u>
Designated cash and investments	7,300,191	6,662,726
Property, plant and equipment	6,413,723	6,947,975
	<u>\$ 16,108,722</u>	<u>\$ 17,088,276</u>
Liabilities and Equity		
Current Liabilities		
Accounts payable and accrued liabilities	\$3,237,883	\$ 4,460,407
Deferred capital funding	874,810	1,007,308
Sick leave credits	840,422	804,813
Equity		
Unrestricted funds	3,855,416	4,153,022
Restricted funds	7,300,191	6,662,726
	<u>\$ 16,108,722</u>	<u>\$ 17,088,726</u>

St. Peter's Hospital

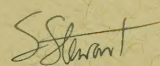
Condensed Statement of Revenues and Expenses

for Year Ended March 31, 1994

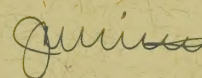
Unrestricted Funds

	1993/94	1992/93
Revenues		
Inpatient income	\$ 24,964,294	\$ 25,092,261
Other income	1,003,354	1,006,662
	<u>25,967,648</u>	<u>26,098,923</u>
Expenses		
Salaries, wages and benefits	21,360,107	21,155,625
Supplies and other expenses	4,653,837	4,923,804
Municipal taxes and depreciation on building	260,142	260,142
	<u>26,274,086</u>	<u>26,339,571</u>
Excess of Expenses over Revenues	<u>\$ 306,438</u>	<u>\$ 240,648</u>

On behalf of the Board:



Board Chair



Resources Committee Chair

Note: Detailed Financial Statements and Auditors' Report are available separately through the Financial Services Department of St. Peter's Hospital.

Patient Care Activity

	1993/94	1992/93		1993/94	1992/93
Inpatient Services			Outpatient (Community) Services		
Referrals	440	434	Outpatient Rehab Visits	3820	3307
New Admissions	204	199	Day Hospital Visits	5898	5520
Average Length of Stay (Days)	405	403	Chiropractic Visits	5297	5271

ACROSS town and across the country, professionals in health, social service and educational facilities are increasingly looking to St. Peter's Hospital staff for their expertise in caring for seniors. Employees of the hospital have distinguished themselves as leaders in all facets of patient care delivery, as well as in institutional support services.

In recognition of their accomplishments, the hospital offers this **summary of staff achievements** for the fiscal year April, 1993 to March, 1994.



PRESENTATIONS

Black B.;
Sanford J.,
Research Co-ordinator,
Physiotherapy;
Chapman J.
Job Satisfaction in a
Physiotherapy Department.
Ontario Physiotherapy
Association Conference,
Windsor, Ontario, 1994.

Braun E. A.,
Head of Service,
Geriatrics and Day Hospital;
Cripps D.,
Director, Community
Services Program;
Jewell L.,
Registered Nurse
Falls in the Elderly.
Community Agencies,
St. Peter's Hospital,
Hamilton, Ontario, 1993.

Clark P.; Byrne C.;
LeClair K.,
Consulting Staff Physician;
Ryan D.;
Sanford J.,
Waddis L.
Interdisciplinary
Team Functioning –
How to Survive the Drought.
Faculty of Health Sciences,
McMaster University, 1994.

Cripps D.,
Inter-Rater Reliability of the
Myometer in Older Adults.
Canadian Physiotherapy
Congress, Halifax, Nova
Scotia, 1993.

Cripps D.,
The Study of Transportation
Services for People
with Disabilities.
Hamilton-Wentworth
Regional Council
Transportation Services
Committee,
Convention Centre,
Hamilton, Ontario, 1993.

Cripps D.,
Falls Clinic at
St. Peter's Hospital.
Niagara Public
Health Nurses,
St. Peter's Hospital,
Hamilton, Ontario, 1993.

Cripps D.,
Preventing Falls in the
Older Adult – A
Community Partnership.
American Society on Aging,
San Francisco, California, 1994.

Dawson M.,
Manager, Nutrition and
Food Services Department;
Kolbe E.;
Ramsay C.,
Production Supervisor,
Nutrition and Food Services
Department
Food Service Delivery:
Year 2001.
Canadian Society of Nutrition
Management Workshop,
Niagara Falls,
Ontario, 1993.

Farrell J.,
Vice-President,
Patient Care
Bilateral Accountability
in Program Management.
Ontario Hospital Association
(OHA) Conference,
Toronto, Ontario, 1993.

Farrell J.,
Fit as a Fiddle.
American Society on Aging,
San Francisco, California, 1994.

Farrell J.,
Use of Easy Street
Environments® at
St. Peter's Hospital.
Rehab By Design Conference,
Phoenix, Arizona, 1994.

Gilchrist L.,
Director, Behavioural
Health II Program;
LaFleur E.,
Registered Nurse;
Schindel-Martin L.,
Clinical Nurse Specialist
Using Sensory Stimulation to
Face the Challenge of
Disinhibited Behaviours in
Elderly Persons in
Long Term Care.
Canadian Gerontological
Nurses Association Conference,
Vancouver, British Columbia,
1993; Ontario Gerontological
Association Conference,
Toronto, Ontario, 1993;
Telemedicine Canada,
Hamilton, Ontario, 1993;
McMaster Academic Seminar,
School of Nursing,
McMaster University,
Hamilton, Ontario, 1994.

Kubilius B.,
Speech-Language Pathologist
Voice Intensity Light. Hamilton-
Wentworth Adult Neurogenic
Interest Group, Chapter of the
Ontario Association of Speech-
Language Pathologists and
Audiologists (OSLA),
Hamilton, Ontario, 1994.

Lamb L.,
Social Worker
Panel Member,
Communicating with the
Elderly Workshop.
St. Peter's Hospital, Hamilton,
Ontario, 1993.

Lamb L.,
McKenna C.,
Director, Social Work
Behind Closed Doors; Intimacy
Needs of the Institutionalized
Elderly. Talking Sex with the
Elderly Workshop, sponsored by
the Educational Centre for
Aging and Health (ECAH),
John Noble Home,
Brantford, Ontario, 1993.

Lamb L.,
Schindel-Martin L.,
Intimacy Needs of the
Cognitively Impaired.
Gerontology Grand Rounds,
Chedoke-McMaster Hospitals,
Chedoke Hospital,
Hamilton, Ontario, 1993;
Wentworth Lodge, Hamilton,
Ontario, 1994.

Law M.;
Sanford J.,
Measuring Rehabilitation
Outcomes. Workshop for
Rehabilitation Personnel,
Organized by the Northern
Outreach Programme Ontario
(University of Western Ontario),
Sault Ste. Marie, Ontario, 1994.

LePan J.,
Social Worker
Prolonging Life or Prolonging
the Dying Process – Extent of
Care and the Decision Making
Process. Ontario Gerontological
Association Conference,
Toronto, Ontario, 1993.

Matsuo, P.,
Speech-Language Pathologist;
Bihun D.,
Occupational Therapist;
Mersereau E.,
Dietitian
The Prevalence of Dysphagia:
Its Effects on Feeding Patients at
St. Peter's Hospital. Hamilton-
Wentworth Adult Neurogenic
Interest Group, Chapter of the
Ontario Association of Speech-
Language Pathologists and
Audiologists (OSLA),
Hamilton, Ontario, 1994.

Meeks J. R.,
President;
Ryan L.
Past Chair,
Board of Directors
The Buck Stops Where?
Accountabilities in Health
and Health Care.
Centre for Health Economics
and Policy Analysis
(CHEPA) Conference,
Hamilton, Ontario, 1993.

Meeks J. R.,
Doing Business with Seniors.
Business Development
Committee, Hamilton District
Chamber of Commerce and
Rotary Club of Hamilton,
Hamilton, Ontario, 1994.

Montemuro M.,
Specialty Geriatric Clinical
Teaching Unit Co-ordinator;
Schindel-Martin L.,
Participating Control in
Chronically Ill Patients.
First Annual McMaster
Nursing Research Day,
McMaster University,
Hamilton, Ontario 1993.

Murray B.,
Occupational Therapist;
Sutherland B.,
Occupational Therapist
Seating the Psychogeriatric
Client. Canadian Seating and
Mobility Conference,
Toronto, Ontario, 1993.

O'Brien J.,
Director, Behavioural
Health I Program
Planning and Implementation
of Primary Nursing at
St. Peter's Hospital.
Cambridge Memorial
Hospital Staff,
St. Peter's Hospital,
Hamilton, Ontario, 1993.

Platt J.,
Director, Speech -
Language Pathology
An Approach to Affecting
Major Changes in the Feeding of
Chronic Care Patients.
Department of
Rehabilitation Services,
Hamilton Civic Hospitals,
Hamilton General Division,
Hamilton, Ontario, 1993.

Platt J.,
What the Numbers
Can Do For You: Using
Survey Results to Improve
Dysphagia Management.
Hamilton-Wentworth Adult
Neurogenic Interest Group,
Chapter of the Ontario
Association of Speech-Language
Pathologists and Audiologists
(OSLA),
Hamilton, Ontario, 1994.



Prentice D.,
Clinical Nurse Specialist;
Severight M.,
Registered Nurse
*Nurses Advocacy in
Long Term Care.*
Ontario Gerontological
Association Conference,
Toronto, Ontario, 1993.

Ross P.,
Professional Librarian
*A Library in a
Geriatric Chronic Care
Facility.* Presenter,
Telemedicine Canada,
Hamilton, Ontario, 1994.

Sanford J.,
Law M.; Swanson L.;
Guyatt A.
*Assessing Clinically Important
Change as a Consequence of
Rehabilitation in Older Adults
(Peer Reviewed).*
American Society on Aging,
San Francisco, California, 1994.

Schindel-Martin L.,
Using a Holistic
Approach for Clinical Research
of Aggressive Behaviour in the
Elderly Resident. Moderator,
Telemedicine Canada,
Hamilton, Ontario, 1993.

PUBLICATIONS

Gilbert S.,
Associate Vice-
President, Programs
*Bedside Nurses Gain New
Roles – Traditional System
Doomed to Failure.*
The Registered Nurse,
April, 1994; 6(2):33.

Gill G.;
Sanford J.,
Research Co-ordinator,
Physiotherapy;
Binkley J.; Stratford P.;
Finch E.
*Low Back Pain – Program
Description and Outcome in a
Case Series.* The Journal of
Orthopaedic and Sports
Physiotherapy (in press).

Gillow K.,
Educator
*Organizing the Nursing
Workforce: A Review of
the Literature.*
University of Toronto/
McMaster University:
*Quality of Nursing Worklife
Research Unit,* May, 1993.

Kubilius B.,
Speech-Language
Pathologist;
Lee Silverman
Speech Treatment for
Parkinson's Disease. Phoenix,
Spring/Summer 1993.

Montemuro M.,
Specialty Geriatric
Clinical Teaching Unit
Co-ordinator;
Mohide A.;
Schindel-Martin L.,
Clinical Nurse Specialist;
Beecroft M. L.; Jakobson S.;
Porterfield P.; Ollinger D.
*Participatory Control
in Chronic Hospital – Based
Hemodialysis Patients.*
American Nephrology Nurses'
Association (ANNA) Journal
(in press).

Wanamaker J.;
Platt J.,
Director, Speech -
Language Pathology
**and Feeding Task Force
Committee**
*Food for Thought:
A Comprehensive Approach to
Improve Feeding Practices
in Chronic Care.*
St. Peter's Hospital Publication,
November, 1993.



Prentice D.,
Clinical Nurse Specialist;
Ramsay F.,
Director,
Neurological Program
*Re-Thinking the Use of
Provioline. Perspectives,*
Spring 1993; 17(1).

Sanford J.,
Stratford P.; Solomon P.
*Clinical Evaluation:
Ranking of Competencies.*
Medical Teacher,
1993; 15(2).

HONOURS, AWARDS AND APPOINTMENTS

Cripps D.,
Director, Community
Services Program
Member, Safety Committee,
Central West Region, 1993-

Cripps D.,
District Director,
Board of Directors, Ontario
Physiotherapy Association,
1992-

Dawson M.,
Manager, Nutrition
and Food Services
Department
Co-Chair, Food and Nutrition
Services Standing Committee,
Ontario Hospital Association
(OHA) Regional 5 District,
1993-

Farrell J.,
Vice-President,
Patient Care
Member, Advisory Committee,
Canadian Council on Health
Facilities Accreditation Long
Term Care Standards, 1993-

Fawcett S.,
Public Relations Officer
Pinnacle Award for best regular
publication, "Chronicle,"
Hamilton Chapter, Canadian
Public Relations Society, 1994.

Fawcett S.,
Hygeia Award for best
external newsletter, "Visions,"
Health Care Public Relations
Association (Canada), 1994.

Hellingman T.,
Corporate Director,
Public Relations
Honourable Mention for
St. Peter's Hospital
"Balance Our Budget" (BOB)
campaign, Hamilton Chapter,
Canadian Public Relations
Society, 1994.

MacGillivray Y.,
Project Co-ordinator,
Nutrition and Food Services
Department
Liaison, Junior Branch,
Canadian Food Service
Executive Association,
Niagara College, 1994-

McInnes B.,
Director, Physiotherapy
Chair, Canadian Physiotherapy
Association, Gerontology
Division - Ontario Section,
1993-1994.

Meeks J. R.,
President
Member, Chronic Care Task
Force, Council of Chronic Care
Hospitals of Ontario (CCHO),
1993-

Meeks J. R.,
Member, Board of Directors,
Ontario Hospital Association
(OHA), 1993-

Mersereau E.,
Dietitian
Chair, Clinical Sub-Committee,
Food and Nutrition Services
Standing Committee, Ontario
Hospital Association Regional
5 District, 1993-

Prentice D.,
Clinical Nurse Specialist
Member, Political
Action Committee,
Gerontological Nurses
Association, 1993-

Schindel-Martin L.,
Clinical Nurse Specialist
Member, Political Action
Committee, Gerontological
Nurses Association, 1992-

Schindel-Martin L.,
Provincial Member,
Journal Review Sub-committee,
"Perspectives," Gerontological
Nurses Association, 1992-

Shilton M.,
Physiotherapist
Executive Committee Member
and Newsletter Editor,
Gerontology Division,
Canadian Physiotherapy
Association, 1992-1994.

Shilton M.,
Fellowship in Gerontology,
Royal Canadian Legion,
1993-1994.



RESEARCH

Sanford J.,
Research Co-ordinator,
Physiotherapy;
Montemuro M.,
Specialty Geriatric Clinical
Teaching Unit Co-ordinator;
Mohide A.;
Cripps D.,
Director,
Community Services;
Macpherson A. S.
Interprofessional Clinical
Education Experience in
Gerontology Project. Funded by
the Coalition Development
Fund of the Educational Centre
for Aging and Health (ECAH)
(\$9,500), 1994.

Shilton M.,
Physiotherapist
Student Attitudes Toward the
Geriatric Client and Factors
that Effect their Career
Decisions. Funded by the Royal
Canadian Legion (\$4,200),
1993-

Tremblay M.; Pentland W.;
Sanford J.,
Trysenaar J.; McColl M.;
Rosenthal C. J.; Tompkins C.;
Turpie I.; Watts S.
Aging with a
Pre-existing Disability. Funded
by the Coalition Development
Fund of the Educational Centre
for Aging and Health (ECAH)
(\$9,500), 1994.

TEACHING

Montemuro M.,
Specialty Geriatric Clinical
Teaching Unit Co-ordinator
Assistant Clinical Professor,
School of Nursing, McMaster
University, 1984-

Prentice D.,
Clinical Nurse Specialist
Clinical lecturer,
School of Nursing,
McMaster University, 1992-

Purdell-Lewis G.,
Vice-President,
Clinical Affairs
Unit V co-tutor and preceptor,
Undergraduate Medical
Programme, McMaster
University, 1994.

Roberts G.,
Director, Post-Stroke
Management Program
Clinical lecturer,
School of Nursing,
McMaster University, 1991-

Rogers-Schofield S.,
Director, Stroke
Rehabilitation I
Clinical lecturer, School of
Nursing, McMaster University,
1992-

Sanford J.,
Research Co-ordinator,
Physiotherapy
Block planner, Block III,
Musculoskeletal III, School of
Occupational Therapy and
Physiotherapy, McMaster
University, 1992-

Sanford J.,
Course planner -
Problem-based tutorial,
Physiotherapy 1T33;
Clinical Skills Lab,
Physiotherapy 1L34
and Clinical Skills Lab,
Physiotherapy 1L5,
School of Occupational Therapy
and Physiotherapy,
McMaster University, 1992-

Schindel-Martin L.,
Clinical Nurse Specialist
Clinical Lecturer,
School of Nursing,
McMaster University, 1991-

Shilton M.,
Physiotherapist
Part-time clinical faculty
appointment, School of
Occupational Therapy and
Physiotherapy, McMaster
University, 1990-

Worobec F.,
Clinical Nurse Specialist
Clinical Lecturer,
School of Nursing,
McMaster University, 1991-

BOARD OF DIRECTORS

Sandra Stewart
*Chair and Chair, Governance
Committee and Joint Conference
Committee*

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*Acting Chair,
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Marie Bountrogianni
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Vitas Stukas
Eunice Swanborough
Bert Tufts

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William Callaghan
Benjamin Simpson

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William Kennedy, MD, CCFP

Oded Klinghoffer, MD, CCFP

John Michiels, MD, CCFP

Barry Munn, MD, CCFP
President, Medical Staff

Sikhar Banerjee, MD, FRCPC
Head of Service, Rehabilitation

Anne Braun, MD, FRCPC
*Head of Service,
Geriatrics and Day Hospital*

J. Ken LeClair, MD, FRCPC
*Acting Head of Service,
Psychogeriatrics*

Ex officio

May Cohen, MD, FCFP
Janet Farrell, M.P.A.
Judith R. Meeks, D.B.A.
J. Geoffrey Purdell-Lewis,
MB, FRCPC

HOSPITAL ADMINISTRATION

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President

June Bain
*Vice-President,
Resource Management*

Janet Farrell
Vice-President, Patient Care

J. Geoffrey Purdell-Lewis,
MB, FRCPC
Vice-President, Clinical Affairs

Directors

Sue Gilbert
Associate Vice-President, Programs

Tricia Hellingman
Corporate Director, Public Relations

Jacqueline Jones-Bennett
Corporate Director, Development

John Plouffe
*Corporate Director,
Human Resources*

Janet Sparks
*Corporate Director,
Hospital Services*

James Stephens
Corporate Director, Finance

The illustrations in this annual report were inspired by the cut-outs of Henri Matisse, one of the great artists of this century. In 1941, after recovering from a major operation, the 71-year-old Matisse turned to a technique that required less physical strength than oil painting. The paper cut-out was a medium used by Matisse to create major artistic works in the years leading up to his death in 1954.

Produced by the Public Relations Department, St. Peter's Hospital,
88 Maplewood Avenue, Hamilton, Ontario L8M 1W9 (905) 549-6525

Audiotaped versions of this annual report are available for those with visual impairment. The hospital is grateful to the Hamilton Chapter of the Canadian National Institute for the Blind for this transcription service.

Design John VanDuzer, Wishart **Illustrations** Norah Bowerman **Printing** Stirling Print-All & Creative Services Inc.





St. Peter's Hospital Mission



We are a leading health care organization.
Our mission is to provide a comprehensive range of services designed to improve the quality of life of seniors.

Our Values

We believe that the role of health care is to optimize the quality of life.
We value the uniqueness of each person.
We value opportunities for clients to make choices.
We believe our staff are our greatest resource.
We believe that the pursuit of excellence must be inherent in all our endeavours.
We believe that knowledge and professionalism are essential to leadership.
We value creativity and innovation.
We value relationships in which all parties derive benefit.
We believe that significant advancements can arise out of collective thinking.

Master Strategies

We will make the client the centre of our business.
We will expand our expertise in geriatrics through innovative practices, education and research.
We will pioneer in programs that improve the quality of life of seniors.
We will seek out creative linkages to develop new services for seniors.
We will advocate for health care services for seniors.
We will position ourselves to respond creatively to the changing environment.
We will actively look for resources to meet the needs of our client population.
We will utilize our resources effectively by balancing community needs, government directives and funding.



St. Peter's Hospital
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